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EXTRA EXPENSE WORKSHEET

Name of Insured: _____

<u>EXPENSES</u>	<u>ESTIMATED AMOUNT</u>
	<u>period</u> start: _____ mo. _____ yr. end: _____ mo. _____ yr.
Rental of temporary premises	\$
Rental of temporary equipment	\$
Cost of equipment purchases	\$
Expense of moving equipment, etc.	\$
Cost of cleaning of temporary location	\$
Light, power, heat at location	\$
Telephone installation and operators at temporary location	\$
Extra telephone charges	\$
Special announcements in newspapers	\$
Police or security protection	\$
Cost of engineering services	\$
Extra cost of transporting employees	\$
Rental and use of cars	\$
Special bonuses and overtime to employees	\$
Expenses of making arrangements to have supplies and equipment delivered to another location	\$
TOTAL:	\$

Please note: Any actual or impending change that would affect values as they have been projected should be notified to the broker as soon as such changes become apparent.

I certify that I will notify my broker of any actual or impending changes to the estimated values when such changes become apparent.

Name (Print)

Signature

Date

Title